



# STRUCTURE MOVING APPLICATION

6100 219<sup>th</sup> Street SW, Suite 200  
Mountlake Terrace, WA 98043  
Phone 425.744.6267 Fax 425.775.0420  
[PermitSpecialist@ci.mlt.wa.us](mailto:PermitSpecialist@ci.mlt.wa.us)  
[www.cityofmlt.com](http://www.cityofmlt.com)

Permit # \_\_\_\_\_

## Application for House, Shed, Building or Structure Moving Permit Within The City Limits of Mountlake Terrace

Date & Hours of Move \_\_\_\_\_

Route to be Taken for Move (Provide Map with Route) \_\_\_\_\_

\_\_\_\_\_

### OWNER / AGENT CONTACT INFORMATION

#### OWNER

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Ph \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Name \_\_\_\_\_

E-mail \_\_\_\_\_

Ph \_\_\_\_\_ Fax \_\_\_\_\_

#### CONTRACTOR

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Ph \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

State Lic. # \_\_\_\_\_

City Lic. # \_\_\_\_\_

Insured By \_\_\_\_\_ Policy # \_\_\_\_\_ Date & Expiration Date of Policy \_\_\_\_\_

Present Location of Building to be Moved \_\_\_\_\_

Address of New Location of Said Building \_\_\_\_\_

Description of house, shed, structure of buildings to include the gross weight, length, height and width of the building or structure, as well as the registered gross weight of all vehicles or combination of vehicles to be used or engaged in the movement of said buildings or structures: \_\_\_\_\_

*This move will take place between the hours of 9:00 a.m. and 3:00 p.m., Monday through Friday, on the date approved; or, unless different hours and date of move have been approved by the City Engineer, Police Chief and Fire Chief.*

The Applicant – Permittee hereby agrees to comply with City Ordinance No. 1419 and any additional requirements as enumerated by the reviewing authorities. Applicant must also attach a copy of Insurance Policy and Statement of Approval by all Public Utility Companies listed above.

Sign Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_

Print Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Received By \_\_\_\_\_ Date \_\_\_\_\_

Plan Check Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_

REQUIREMENTS OF REVIEWER(S)

**TRAFFIC ENGINEER:**

---

---

---

---

**FIRE CHIEF:**

---

---

---

---

**POLICE CHIEF:**

---

---

---

---

**BUILDING OFFICIAL:**

---

---

---

---

**MOVING PERMIT APPLICATION DENIAL:**

**YOUR APPLICATION FOR A MOVING PERMIT HAS BEEN DENIED FOR THE FOLLOWING  
REASONS:**

**TRAFFIC ENGINEER:**

---

---

---

**FIRE CHIEF:**

---

---

---

**POLICE CHIEF:**

---

---

---

**BUILDING OFFICIAL:**

---

---

---

**THESE CONDITIONS MUST BE CORRECTED BEFORE THE MOVING PERMIT WILL BE ISSUED.**

RESUBMITTAL BY: \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**APPROVED BY:**

**NAME**

**DATE**

**TRAFFIC ENGINEER**

---

---

**FIRE CHIEF**

---

---

**POLICE CHIEF**

---

---

**BUILDING OFFICIAL**

---

---